

**THE**

MAY, 1953

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PUBLISHED BY THE STUDENTS OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY



# THE SCOPE



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## *Inquiring Reporter*

*Morton Greendorfer*

*Questions* — Should optometrists be independently permitted to administer drugs for the alleviation of minor eye defects?

LEON GELLERMAN—*Sophomore*—The optometrist should not be permitted to administer any drugs to a patient regardless of the circumstances, as the optometrist is going outside of his scope of practice. When an optometrist administers drugs, he must assume full responsibility for the patient, and if any injury results, the optometrist would be involved in a law suit.

PETER EUDENBACH—*Sophomore*—The optometrist can prescribe drugs on the provision that the optometrist is provided with additional education in order to understand the composition and the effects of these drugs.

JOSEPH GANZ—*Senior*—No, because the optometrist does not have the necessary training to administer drugs. The administration of drugs should be left solely to the medical profession. Also, it is very difficult to determine the limits between a major and a minor eye condition. However, the optometrist should have more "on the spot" training in ocular pathology in order to become more proficient in the detection of pathology.

ROBERT GROSS — *Junior* — The optometrist should not prescribe drugs, because if he does so, he is trespassing in the field of medicine. The optometrist is mainly interested in the treatment of refractive errors without the use of drugs and he should leave the treatment of ocular pathology with drugs to the medical profession.

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# Visual Progress

by Ira Schwartz

"Oblique Astigmatism in Lenses" by Henry Knoll of LACO, is the first of a series of papers concerning this rather important problem. This part of the investigation was conducted for objects at infinity. The oblique astigmatism was measured for lenses at 30 degrees from their optical axis. Distance from back vertex to center of rotation, power, and base curve were among the parameters considered.

The following conclusion were drawn:

1) Variation in base curves two diopters on either side of the optimum does not introduce objectionable errors of astigmatism up to 30 degrees from the axis in the lens measured.

2) The distance between the back vertex of the lens and the center of rotation of the eye in each of the lenses measured may be varied between 20 and 30 mm without introducing errors greater than those introduced by the above mentioned base curves.

3) Tilting the lens 15 degrees introduces astigmatic errors between .12 and .25 diopters at the center of the lens.

4) This astigmatism, which may arise as the result of improper fitting, may exceed the astigmatism encountered in oblique gaze, thus negating the efforts of the lens designer.

\* \* \* \* \*

For those first entering practice, the office equipment problem is one of the first to be faced. John Zettel, of Cincinnati, Ohio, has described a means of converting a perimeter to a binocular campimeter for only a small expenditure. His instrument is most useful when the patient is unable to fixate with the eye that is to be tested. The device performs in a similar manner to a stereocampimeter. A small tangent screen that is moveable and can be placed anywhere on the arc is used for the recording platform. A target at the arc mounted on a swivel that moves around the chin rest, and a mirror on the same mounting completes the alteration. The objective angle of squint is determined and the mirror and target is positioned for the good fixating eye. The tangent screen is then placed at the angle of squint found and the field is plotted. This technique is excellent for plotting central scotomas

and central suppression areas. The latter are quite tricky to plot, with speed a necessity. This technique is a good way of differentiating between normal and anomalous retinal correspondence.

\* \* \* \* \*

A group of psychologists report that the eyes make a peculiar kind of rapid jerky movements when we dream. If awakened during these movements, the subject reports dreaming. If awakened a half hour after these movements and/or when there is no movement, dreaming is not reported or any recollection thereof. It is hoped that this study may shed some light on dreams and their tie in with personality or living habits.

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## Pi Omicron Sigma

by Robert G. Wilson

We understand that Dan Cupid with his poison arrow, has scored direct hits on three of our brothers. "To arms and to the rescue, men!" We must save our brethren from a fate worse than death. Here is a list of the condemned, their captors, and the date of execution:

Leon Litman

Marilyn Corman (Brookline)

August 2, 1953

Joseph Ganz

Beverly Channen (Dorchester)

August 25, 1953

Abe Shapiro

Cipah Neiditz (Hartford)

June 14, 1953

Roger Twyman is leaving for the service at the end of June. Roger, if they send you to Korea, we'll write to you; if they send you to Fort Dix, we'll pray for you. Enjoy your vacation and we'll be looking forward to having you with us again in 1955.

Joe Svagdys, the newly appointed room committee chairman, has big plans for the fraternity room. He plans to acquire some new furniture and get rid of that antiquated book shelf, by replacing it with an L-shaped model of his own design. "Just give me the lumber," he says.

By the way, Al and Marsh, what is this Kenmore exchange that is being passed from hand to hand?

## Senior Reflections

by Philip B. Bern

This is it. That's about the most expressive phrase I can use to describe the "Senior state of mind", if any still exists, at this moment. This is what we've been waiting, working, and praying for through the years . . . GRADUATION. It is most difficult to put into words what the men feel. To the undergraduates, we seniors must present an awesome sight, haggard looking as we appear for class each morning (including Sundays and Holidays) with many of us in the "mumbling" stage. I have already progressed from the mumbling stage to the "trembling" stage, with eight stages still remaining. Just yesterday, a freshman abruptly stopped in the hallway. I had passed him on the second floor landing, my lungs gasping for oxygen, my hands clutching the guardrail, my eyes lifted upward . . . oh no, not another flight of stairs? He slowly walked away, inaudibly muttering, "maybe Dad was right about a business course?" Yes, the time has come for us to graduate. No longer can an instructor say, "Oh that . . . you'll

get that next year," or can they ? ? ? It's remarkable though, the way we've been standing up under the strain. I understand one of the boys is so busy studying for exams and boards, that he's been forced to cut down on his assignments at Orthoptics clinic, . . . to nineteen hours a week. But it's a good feeling, this air of well being, this knowledge of a goal finally reached, this "buoyancy" of heart, except I wish that those who are really getting buoyant about this thing would clean the Schenley bottles away from the bulletin board, because I can't see the Ophthalmic Optics assignments through the alcoholic mist. And yet, with all the thrills of commencement, the thoughts of a fine practice, the proud parents, . . . the Army (ouch), I'm sure that most of you feel just a bit remorseful at leaving MCO. (stop throwing stones at me.) I look back upon the years, and remember the laughs and some of the tears all of us must have experienced, and all I can say is, "it's really been fun, fellows."

*(Please turn to page nine)*

## Happy the Patient



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## *From the Editors...*

May, with its expectations, and anxieties, is once more upon us and a weary cycle prepares to complete itself. Caps and gowns, state boards, practice or military service face the graduates, phoropters and patients face the third year class, phorometers face the second year class, trial frames face the first year class, and the wonders of a dynamic profession face our neophytes.

To the undergraduate, we extend our best wishes for a successful encounter with the cohort of death and taxes . . . finals; to the graduates, our sincere hopes that fate smiles upon you kindly. Our association with you has been a pleasant experience, if not enriching.

A special farewell and token of gratitude is extended to Emanuel Glasser, George Nissonsohn, Philip Bern, Joseph Ganz, Ira Schwartz, and Melvin Slotnick (Mr. Sfumato). We have certainly appreciated your efforts.

On behalf of the staff of THE SCOPE, we extend our best wishes for an enjoyable and restful summer—we, all, need it.

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## Omega Epsilon News

By Samuel J. D'Agostino

As another year comes to a close, the time has come for choosing the recipient of the Joseph J. Scanlon Memorial Award. The Joseph J. Scanlon Award is given in honor of Joseph J. Scanlon, a former student at Massachusetts College of Optometry. Joseph J. Scanlon overcame great handicaps, including very poor health, in his desire to achieve an education in optometry. Dr. Scanlon's great achievement stands forever as an example to all undergraduates at optometry colleges. Dr. Scanlon died soon after graduation but his memory is still preserved in the annual donating of the award.

The selection of the recipient is made upon his, or her, character, appearance, clinical proficiency, attitude toward the profession, the school, the faculty, and fellow students. It is also based on the interest, participation in, and support of, the extra-curricular program of the school. To be eligible,

the senior must be in the upper twenty percent of the class and have completed the last three years of his optometric education at this institution. The most deserving student is selected by the committee on awards composed of Dr. Green, Dr. Hochstadt, Dr. Kamens, and one or more members of the faculty.

Omega Epsilon Phi, the national fraternity at Massachusetts College of Optometry, extend best wishes to all for an enjoyable and profitable summer.

\* \* \*

Frater: "Did you know we maintain seven homes for the feeble minded?"

Pledge: "I thought we had more chapters than that."  
—The Spartan



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# JUNIOR JABS

by Paul Sussman

Good afternoon. This is your "Travel-Talk" narrator; "Fitzpatrick" Sussman, once again taking you on a brief excursion through a place of interest in our beautiful world.

Today we will visit the scenic "land of Optometry" in the picturesque New England state of Confusion. This famous resort is visited by about one-hundred and fifty young people each year. Its winding, exciting adventures, and strange sights are equaled by no other place of its kind in this world.

Its mountain range is, perhaps, the foremost attraction. It represents one of the largest natural obstacles known to man.

As we enter the Valley of Indecision, which courses through the center of the giant peaks, we notice on our left, Mount McBoing-Boing. One of the largest hills in this range, it is highly volcanic, offering a grave danger to low flying aircraft, through its periodic belching of hot gases, smoke, and fire, all of which rise rapidly into the stratosphere. When calm, it has a most appealing atmosphere of friendliness and tranquillity which efficiently shields its core of hot lava and turbulence.

Next in the range, on our right, is majestic old Flint Mountain. Its narrow, tricky trails present a daring challenge to the young mountain climber. The peak of old Flint Mountain is covered throughout the year by snow; heavy snow, giving the appearance of crown glass. It has been known to come down in an engulfing avalanche on many an unsuspecting traveler, in the past. These avalanches are most apt to occur early in May. Its peak is decentered 2 mm to the right to avoid rain drops in that plane.

Moving on, we see a gigantic peak in front of us. Its bald crest is high above us, crowned with a heavy fog-head piece. This is Mount Viridans, lord of all mountains, and perhaps the greatest attraction of all. It is said, that one time, it looked down at three thousand people in the period of one week. It is indeed, a very colorful mountain, bearing at its base, a very fertile valley, which is quite understandable.

Over on our left in the shadow of Mount Viridans, is a small volcanic peak, Mount Petit Diable.

Its barren crest reflects the sun most of the day. It is supposed to be very rich in gold deposits, and is one of the cleanest mountains known to man. Long ago, its volcanic orifice erupted, and severe cloomping was heard.

Next in line, we view Big Moose Mountain, well liked by all for its colorful, suspenseful atmosphere. It is a wild life refuge for pigeons, and a friendly sight to all who see it.

Ahead lies Rocky Mountain, with its stores of pre historic skeletons, safely imbedded in the puerco layer. On its north face, it bears a heavy cascade, which falls to the valley below. Chemical analysis of this cascade, shows it to be rich in bourbon, formaldehyde and a substance manufactured in the nasal passage. It is a favorite fun spot for the many students who visit its catacombs year in, and year out.

Now we come to Mount Free-site, indeed the favorite of all who have passed through here over the years. From its peak we may look out across the whole valley, and the surrounding range of hills. Here, on its crest, we get a realistic picture of the helter-skelter world below us, clearly shown in full light. It is a truly grand picture which filters the important things from those which are of minor significance, and the truths from the untruths. The image of Mount Free-site, will indeed remain in the hearts and memories of all of us, as a beacon to the fact that the world is a place to enjoy yourself in.

Next we cross a small canyon, at the bottom of which, runs a quiet, serene brook, an object of regard which makes one very drousy.

In the background, we see a little cub running toward its home at the foot of Flint Mountain.

And like the little cub, we too, now head for home in conclusion of another "Travel-Talk".

In closing, I wish you all a very joyous summer, and I hope that we will meet again in our land of paradise.

\* \* \*

"I wish I had a fifth for bridge."

"You dope, you don't need a fifth for bridge."

"Then I wish I had a pint." —Touchstone

## Camera Club News

by G. Nissensohn

Since this is my last article, I want to take time out and just do some wishful thinking.

First, I want to think that the articles that I have written in the past have done some good. If they interested or aided any of the students, I can be satisfied that it was a job well done.

Secondly, I want to take this opportunity to thank the members of the camera club who have helped me and other members in their own individual way in learning more about photography. This especially holds forth for Frank DeCesare, present chairman of the club.

Next is a thought for the future. I hope to hear about the camera club becoming a large and well rounded organization of M.C.O. I know that with the men who will be there next year this wish will come true.

This is a thank you to the administration of the school, especially Dr. Green who helped us with the facilities that we use, and also in any problem that came up.

Another thank you goes to the student council members who were far-sighted enough to allot us the monies to bring this organization into being.

A thank you also goes to the editor of the Scope who gave us the space to write about our organization. Thanks, Abe.

The camera club is just two years old, and here's wishing it many good years ahead.

Leaving the camera club are the following members besides myself, Ira Schwartz, Dick Sinclair, Mel Slotnick, Si Bagdigian, Joe Ganz and Sanford Winard. Along with these men I want to say, "It's been nice being with you all, and lots of luck."

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# Ocular Vertigo

RALPH H. GREEN, O.D., D.O.S., F.A.A.O.

Dean of the Massachusetts College of Optometry

## DEFINITION:

Vertigo is defined as a sense of unstable equilibrium in which the patient himself, or surrounding objects, appear to be in a state of rapid oscillation or rotation. Clinically, vertigo comprises a group of vague or indefinite symptoms which may be associated with a sense of dizziness, blurring or distortion of vision, faulty depth perception, diplopia, nausea, vomiting, and loss of equilibrium.

Vertigo is divided into two main types; objective and subjective. If the patient seems to whirl about, the vertigo is referred to as subjective. If objects around the patient whirl about, or rise and fall, the vertigo is referred to as objective.

## CAUSES:

*Extra-ocular Muscle Paralysis:* Vertigo is a common symptom of paralysis of one or more of the extra-ocular muscles. The constant diplopia and the use of the affected eye, particularly when the object of regard lies in the field of action of the affected muscle, often causes dizziness and nausea. Many of these patients soon learn that by occluding one eye the diplopia is removed and the symptom of diplopia disappears.

*Heterophorias:* Vertigo is a frequent symptom of heterophoria and is experienced especially when walking in crowds and riding in street-cars, trains, and automobiles. This condition is often referred to as panoramic vertigo. Hyperphoria is probably more likely to cause vertigo than any of the other latent muscular imbalances.

*Astigmatism:* A common cause of vertigo is astigmatism, particularly oblique astigmatism "against-the-rule". The struggle of the oblique muscles to make the oblique axes coincide with the horizontal and vertical planes seems to produce mental confusion which can be vertiginous in effect.

*Aniseikonia:* One of the many symptoms that have been relieved by wearing an iseikonic correction is vertigo. The vertigo before correction was especially felt when riding in street-cars, trains, and automobiles. This indicated an inability to adjust single binocular vision to fast moving objects.

*Glaucoma:* The point of interest in this con-

nection is that the relief of a glaucomatous condition often relieves attacks of vertigo. Most patients suffering from attacks of vertigo seldom report this symptom in glaucoma.

*Nystagmus:* Vertigo is marked in some of the late acquired forms of nystagmus especially in miners' and aural types.

*Refractive Defects:* Some patients suffering from uncorrected refractive defects report vertigo as a symptom. Many of these patients are relieved of the symptoms after correction of their visual defects. For the most part these patients are of the nervous instable type.

*Inertia:* Some patients report vertigo as a symptom when the gaze is quickly changed from a near to a more distant point, especially after protracted near work. This indicates a lack of facility of visual adjustment.\* These cases are in need of visual learning directed to increase the facility of adjustment when the attention is directed from a distant to a near point and vice versa.

*Diplopia:* Any condition that produces the symptoms of diplopia may result in a sensation of vertigo.

\* If the onset of vertigo is sudden and aggravated by stooping over or turning quickly it is usually laryrinthine. In this type of vertigo the dizziness is often noticed when the patient sits up or when he turns in bed to one side but not as a rule when he turns to the other side. Moreover, the vertigo is associated with the movement of any object seen during the time.

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## SENIOR—continued

Soon we'll be breaking up, many of us leaving the state to return to our respective homes for good. Practices will begin, families will rise, and in general, we'll be pretty busy. However, I would like to say at this time, that it was swell knowing each and every one of you. I would also like to voice our thanks to the faculty, and to the administration for a good education, and just as important, for good fellowship these past four years. GOOD LUCK . . .



# Want to Practice Optometry?

by David L. Marcus

## MISSOURI:

*Requirements*—The applicant for a license must be a high school graduate and also a graduate of a grade "A" school or college of optometry, and must pass the state board examination covering the material of the optometry curriculum.

*Ethics*—This law includes a clause prohibiting the advertising, directly or indirectly, of prices for optometric services.

*Opportunities*—Missouri is primarily an agricultural state with many, many small towns for the young optometrist who shys away from the big-city life.

Kansas City, on the other hand, has a population of 453,000 with only 75 optometrists, a 6000-1 ratio. This is an interesting fact, dwarfed by the fact that 34 of these registered men are 55 years of age and over. We can expect, therefore, that 1/2 of the optometrists now practicing in this city will retire within the next 10-15 years. Who will replace these successful men? You? Similar opportunities exist throughout Missouri.

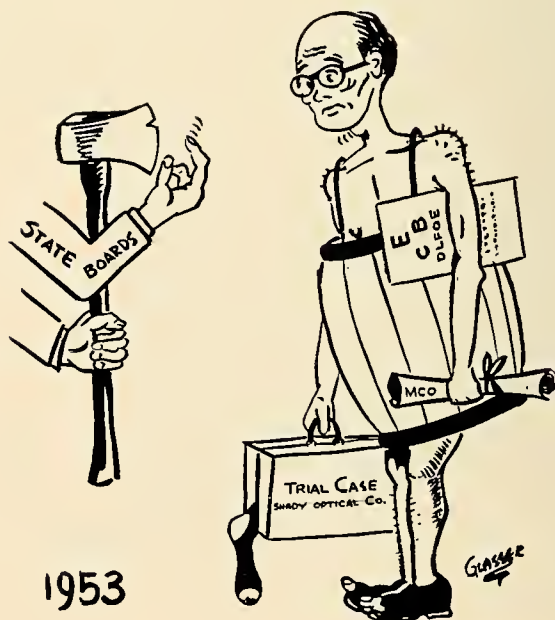
## LOUISIANA:

*Requirements*—You must be a graduate of high school and an approved optometry school (M.C.O.). The state board examination includes such subjects as general anatomy, physics, anatomy and physiology of the eye, ocular neurology, ocular myology, ocular pathology, psychology, physical optics, physiological optics, optometric mechanics, visual field charting, orthoptics, etc.

*Ethics*—It is unlawful to (1) use the title Dr. or Doctor without the term optometrist, (2) to advertise any price, credit, terms, or agreement with reference to the practice of optometry.

*Opportunities*—Louisiana has a population of 2,683,516 with 262 registered optometrists only 39% of the suggested amount of optometrists (suggested by the Department of Public Information). Louisiana is also a farming state with a fair share of industry. Baton Rouge, a fairly large city, has a population of 125,000 with only 17 registered optometrists.

This state is typically southern and enjoys similar weather as Florida.



# SILHOUETTES

*by Arthur Giroux*



DR. MITCHELL KUHN

Dr. Mitchell Kuhn has been most instrumental in procuring the high standards now present in the Orthoptic Section of the Massachusetts College of Optometry Clinic. During his seven years as a Clinician, he has kept improving the orthoptic techniques every year, until now, the orthoptic clinic is one of the best of its kind in the country. It is also the one with the greatest volume of patients.

After graduating from Winthrop High School, in Winthrop, Mass., in 1942, Dr. Kuhn entered the Mass. College of Optometry. During his four years as a student, he was very active in school activities. A member of O. E. Phi, he was vice-president of the fraternity in 1945. He graduated Magna Cum Laude in 1946 and was also Valedictorian of his class.

He became a member of the faculty in 1946 as a clinician in clinical optometry. At the present time he is an instructor of Theoretical Optometry, Corrective Optometry (Visual Training & Orthoptics), and the Seminar courses in Visual Training & Orthoptics.

Dr. Kuhn, wishing to supplement his knowledge in orthoptics, has taken several post-graduates in orthoptics and visual fields. He has attended seminars and conferences given by Ward Ewalt, a member of the A.O.A. Orthoptic Committee. At

the Graduate Foundation of Perceptual Science he has completed three years of post-graduate work under the direction of Ann Nichols, O.D.

Wishing to be proficient in all aspects of orthoptics, he has taken evening courses in psychology at Harvard College to obtain a better understanding of the psycho-visual problems arising with orthoptic patients. Because of his extensive research work in the orthoptic field, he is often invited to give lectures on orthoptics before various optometric groups.

Dr. Kuhn is a member of the Massachusetts Society of Optometrists, the A.O.A., the New England Council of Optometrists, the Mass. College of Optometry Alumni Association, and the Omega Epsilon Phi Fraternity Graduate Chapter.

Realizing the importance of having an organized Sports program at the college, Dr. Kuhn has organized intra-mural softball teams as well as varsity basketball teams. As basketball coach, he has raised the quality of the team to such a level that M.C.O., small as it is, plays larger colleges as Suffolk U., M.I.T. Frosh, Babson College, and Harvard Medical School. Under his able leadership, this year, the team has won the Greater Boston Small College Conference Trophy.

The steady rise in Orthoptic standards and the increasing benefits derived by orthoptic patients at the Clinic is exemplified by the fact that 70 patients passed thru the orthoptic clinic during Dr. Kuhn's first year as a Clinician and that now there are between 2500 to 3000 patients receiving Orthoptic help every year. This readily shows how sincere he has been in his endeavors to provide more and more help and satisfaction for patients with Orthoptic difficulties. As Director of the Orthoptic Clinic, Dr. Kuhn, works more hours at the college than any other instructor.

Dr. Kuhn believes that the men in the professional fields have not come to the full realization of the potentialities of Visual Training, also, that the idea that the treatment of patients is limited only to an optical or surgical correction is no longer true. Even though there is still a great need for orthoptic research in the Field of Vision, Dr. Kuhn also believes that the Orthoptic courses in all the Optometry colleges are showing a constant improvement every year.

## Current Events

by Thom. A. Couch

### FUND DRIVE

Massachusetts College of Optometry has launched a campaign to erase the \$100,000 mortgage on its Horace Mann Building.

The College is appealing to its alumni for contributions or pledges payable to the Massachusetts College of Optometry Building Fund over a period of three years.

### REBATES AND CORPORATIONS

In the Oklahoma legislature, bill H. 953 was recently introduced proposing to make it unlawful for any optometrist, physician, or other person doing or purporting or pretending to do eye examination or visual correction to receive a "kick-back" from any corporation or firm dealing with optical goods, appliances, or material.

It would also be unlawful for any optometrist or physician to make eye examination or visual correction in any manner either directly or indirectly as an employer or associate of a person, firm, or corporation not licensed to do such examinations.

### OPTOMETRY COMMENDED

The New Jersey legislature has adopted a joint resolution, congratulating the New Jersey Optometric Association on its golden jubilee and commending its service to the visual health, welfare, and safety of the citizens of the state during its 50 years of existence.

### MERGER

Explanatory meetings have been held in Chicago to determine the feasibility of a merger between the Northern Illinois College of Optometry and the Chicago College of Optometry. The talks have been suspended temporarily but the preliminary conferences indicated that most of the factors affecting a merger could be readily resolved.

### DOCTOR

H. 915 South Dakota. Relates to the use of the word "doctor" and provides that only individuals who have received the basic science certificate may append to their names the word "doctor" indicating that they are qualified to make diagnosis or treatment.

S. 183 Texas. Proposes to regulate the type of descriptive prefixes and suffixes that can be used by the professions, among which is listed optometry.

Maine. New amendment to the Medical Practice Act states "An optometrist duly licensed under

the laws of this state may prefix the title of 'Doctor' to his name when accompanied by the word 'Optometrist'."

### 1953 EDITION

The 1953 edition of publications available through the National Society for the Prevention of Blindness was released in March. Available bulletins include articles on children's eyes, eye diseases, illumination, industrial vision and safety, nursing service, and vision testing charts. For further information write the Society at 1790 Broadway, New York 19, New York, Publication 32.

### NEW YORK GUILD

The Optometrists' Guild has signed an agreement with Associated Optometrists, in which the latter, as the employee, agreed: to allow the employed refractionist to perform an examination according to his own professional judgment; to supply adequate equipment; to abide by the rules of the State Board of Regents.

The agreement also included regular union security clauses, such as job protection, sick leave, hospitalization insurance, limitation on hours, and salary increases.

### REPORT ON BRITAIN

"Britain" magazine recently stated that 6,270 ophthalmic opticians (optometrists) were active in the Supplementary Ophthalmic Services of Great Britain's National Health Service in the year of 1952. The number of ophthalmic medical practitioners totaled 960 while there were 670 dispensing opticians.

The number of "sight tests" given, totaled 3,600,000 with 3,200,000 glasses supplied. It was a considerable decline from the previous year.

### END

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\* \* \*

Dinner guest: "Will you pass the nuts, Doctor?"

Dr. Hochstadt, absent-mindedly: "Yes, I suppose so, but I really should flunk them."

\* \* \*

Frosh: "That's a pretty dress you have on."

She: "Yes. I only wear it to teas."

Frosh: "Whom?"





